

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000080612

**Entity Name:** LUMEN COMMERCIAL GROUP, INC.

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC8982231476**

**Current Principal Place of Business:**

C/O ASTRID FLAHERTY  
10450 N.W. 29 TERRACE  
MIAMI, FL 33172

**Current Mailing Address:**

C/O ASTRID FLAHERTY  
10450 N.W. 29 TERRACE  
MIAMI, FL 33172

**FEI Number: 65-1130052**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASTRID, FLAHERTY  
10450 N.W. 29 TERRACE  
MIAMI, FL 33172 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name GONZALEZ, LUIS M  
Address 10450 N.W. 29 TERRACE  
City-State-Zip: MIAMI FL 33172

Title S  
Name CARDONA, ANA B  
Address 10450 N.W. 29 TERRACE  
City-State-Zip: MIAMI FL 33172

Title T  
Name VIEIRA, MARCELA  
Address 10450 N.W. 29 TERRACE  
City-State-Zip: MIAMI FL 33172

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARCELA VIEIRA**

**T**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date